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Bib Data Sheet

CONFIRMATION NO. 3820

<b>SERIAL NUMBER</b> 10/069,681	<b>FILING OR 371(c) DATE</b> 12/02/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> P32396
<b>APPLICANTS</b> Nathalie Claude Marianne Barges, Mayenne, FRANCE; Jacky Andre Gustave Mention, Leognan, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP00/08048 08/17/2000 <i>KG</i>				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9919840.0 08/20/1999 UNITED KINGDOM 9920150.1 08/25/1999 UNITED KINGDOM 0019084.3 08/03/2000 <i>KG</i>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>KG</i> Acknowledged <i>KG</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 18
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 20462				
<b>TITLE</b> Pharmaceutical formulation comprising amoxycillin and clavulanate				
<b>FILING FEE RECEIVED</b> 1020	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	